

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|-----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 10 8-6-01 |
| FORMALITY REVIEW | N P | 588 | 9-1-01 |
| RESPONSE FORMALITY REVIEW | A | 676 | 10/29/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 ✓ | 5/22/01 |
| 2 ✓ | |
| 3 ✓ ✓ | |
| 4 ✓ ✓ | |
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| Claim | Date |
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Sc 1900
 Oct/01
 R E S P - 050
 10/29/01

If more than 150 claims or 10 actions
staple additional sheet here

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